

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF REGULATORY SERVICES**

Re: Sharon Silva, R.N.  
License No.: E49198

Petition No. 990723-010-060

**VOLUNTARY SURRENDER OF LICENSE AFFIDAVIT**

Sharon Silva, being duly sworn, deposes and says:

1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit on the basis of personal knowledge.
3. I am licensed by the Department of Public Health (hereinafter "the Department") to practice registered nursing. I presently hold license number E49198.
4. I hereby voluntarily surrender my license to practice registered nursing in the State of Connecticut.
5. I understand and agree that if I seek a new license or to reinstate my license at any time in the future, the allegations contained in Petition Number 990723-010-060 shall be deemed true. I further understand that any such application must be made to the Board of Examiners for Nursing (hereinafter "the Board") and the Department, and that the Board shall be a signatory to any order reinstating my license or granting me a new license.
6. I hereby waive any right to a hearing I may have regarding any request that my license be reinstated or that a new license be issued and also waive any right that I may have to appeal or otherwise challenge the disposition of any such request.
7. I understand and agree that this affidavit and the case file in Petition Number 990723-010-060 are public documents, and I am executing this affidavit in settlement of the allegations contained in the above-referenced petition.
8. I understand that this surrender of my license is a reportable event and is public information.
9. I understand that, upon execution of this document by the Department, the Department will present this document to the Board and will move to withdraw the Statement of Charges in Petition No. 990723-010-060. I understand that this document is not effective unless and until the Department has executed it, and the Board either grants the Department's Motion to Withdraw or the charges are dismissed.

10. I understand that I have the right to consult with an attorney prior to signing this affidavit.

Sharon Silva  
Sharon Silva

Subscribed and sworn to before me this 8<sup>th</sup> day of September 1999.

LINDA L. LYNCH  
NOTARY PUBLIC  
MY COMMISSION EXPIRES MAR. 31, 2000

Linda L. Lynch  
Notary Public  
Commissioner of Superior Court

Accepted: Kathleen Zarrella  
Kathleen Zarrella, Director  
Division of Health Systems Regulation

9/10/99  
Date